

# **PART B - FEE(S) TRANSMITTAL**

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27/60 7590 06/12/2009

**KATTEN MUCHIN ROSENMAN LLP**  
**(C/O PATENT ADMINISTRATOR)**  
**2900 K STREET NW, SUITE 200**  
**WASHINGTON, DC 20007-5118**

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/555,897	04/18/2006	Luigi De Ambrosi	339670-0201	4476

**TITLE OF INVENTION: PROCESS FOR THE PHYSICAL DEPOLYMERIZATION OF GLYCOSAMINOGLYCANS AND PRODUCTS OBTAINED THEREFROM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/14/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
KRISHNAN, GANAPATHY	1623	536-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **Katten Muchin Rosenman LLP**  
 2 **Justin L. Krieger**  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Laboratori Derivati Organici S.p.A.**

**Vercelli (VC), Italy**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 99-1719 (enclose an extra copy of this form).

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Keith DS Fredlake/

Date September 11, 2009

Typed or printed name Keith Fredlake

Registration No. 58,006

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